

IN THE UNITED STATES DISTRICT COURT FOR THE
WESTERN DISTRICT OF MISSOURI

Cody A. Kreuer)
(full name) (Register No.))

Plaintiff(s).

v.

Case No. _____

Danny Rhoades - LaCade
(Full name) county
commissioner
et al

Defendant(s).

15-3121-CV-S-SRB-P

COMPLAINT UNDER THE CIVIL RIGHTS ACT OF 42 U.S.C. § 1983

I. Place of present confinement of plaintiff(s): LaCade County Jail
LaCade County Missouri

II. Parties to this civil action:
Please give your commitment name and any another name(s) you have used while incarcerated.

A. Plaintiff Cody A. Kreuer Register No. _____
Address 240 N. Adams Lebanon MO.
65536

B. Defendant Danny Rhoades

Is employed as LaCade County Commissioner
LaCade County, Lebanon, MO. 65536

For additional plaintiffs or defendants, provide above information in same format on a separate page.

* See Attachment (A)

(2) (B) (H) DEFENDANTS

Attachment A, Defendants

2. Defendant: Advanced Correctional Healthcare
3722 N. Baring trace, Peoria Ill. 61615

Employed: By laclède County commissioners
for health care of laclède County jail inmates

3. Defendant: Wayne Merritt

Employed: Laclede County Sheriff
Lebanon, Mo. 65536

4. Defendant: Ralph Robinson, jail Captain Laclede county
Lebanon, Mo. 65536

III. Do your claims involve medical treatment? Yes X No _____

IV. Do you request a jury trial? Yes X No _____

V. Do you request money damages? Yes X No _____

State the amount claimed? \$2,000,000 / \$3,000,000 (actual/punitive)

VI. Are the wrongs alleged in your complaint continuing to occur? Yes X No _____

VII. Grievance procedures:

A. Does your institution have an administrative or grievance procedure?

Yes _____ No X

B. Have the claims in this case been presented through an administrative or grievance procedure within the institution? Yes X No _____

INmate Request... medical Request

C. If a grievance was filed, state the date your claims were presented, how they were presented, and the result of that procedure. (Attach a copy of the final result.)

1. INmate Request medical 01-27-015 (NO DOCTOR SEEN)
2. INmate Request medical 01-29-015 (NO DOCTOR SEEN)
3. INmate Request medical 02-05-015 (NO DOCTOR SEEN)

D. If you have not filed a grievance, state the reasons.

INmate Request (TO Ralph Robinson) Filled out SHERIFF'S OFFENSE Report (NO Response Taken)

... NO grievance procedure exist ...

See ATTACHMENTS (1, 2 and 3)

VIII. Previous civil actions:

A. Have you begun other cases in state or federal courts dealing with the same facts involved in this case? Yes _____ No X

B. Have you begun other cases in state or federal courts relating to the conditions of or treatment while incarcerated? Yes _____ No X

C. If your answer is "Yes," to either of the above questions, provide the following information for each case.

(1) Style: N/A
(Plaintiff) (Defendant)

(2) Date filed: _____

- (3) Court where filed: _____
- (4) Case Number and citation: _____
- (5) Basic claim made: _____
- (6) Date of disposition: _____
- (7) Disposition: _____
(Pending) (on appeal) (resolved)
- (8) If resolved, state whether for: _____
(Plaintiff or Defendant)

For additional cases, provide the above information in the same format on a separate page.

IX. Statement of claim:

- A. State here as briefly as possible the facts of your claim. Describe how each named defendant is involved. Include the names of other persons involved, dates and places. Describe specifically the injuries incurred. Do not give legal arguments or cite cases or statutes. You may do that in Item "B" below. If you allege related claims, number and set forth each claim in a separate paragraph. Use as much space as you need to state the facts. Attach extra sheets, if necessary. Unrelated separate claims should be raised in a separate civil action.

ON 01-26-015 was incarcerated in Laclede County Jail (placed in D-Pod) ON same date within minutes I was jumped by (3) Three other inmates and beat up with eye injuries, injured ribs, injured jaw and back injuries. AFTER a long delay of being beaten by these 3 inmates I was removed by staff and placed in the elevator area of the Jail by the visiting area and left there for hours without seeing and medical staff or taken to a

- B. State briefly your legal theory or cite appropriate authority:

(continued on Attachments B and C)

See Attachments (C)
and (D)

- X. Relief: State briefly exactly what you want the court to do for you. Make no legal arguments.

Grant Jury Trial For Damages
Of Actual and Punitive Against
All Defendants.

- XI. Counsel:

A. If someone other than a lawyer is assisting you in preparing this case, state the person's name. N/A

B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action? Yes No X

If your answer is "Yes," state the names(s) and address(es) of each lawyer contacted.

N/A

C. Have you previously had a lawyer representing you in a civil action in this court? Yes No X

If your answer is "Yes," state the name and address of the lawyer.

N/A

I declare under penalty of perjury that the foregoing is true and correct.

Executed (signed) this 8th day of March 2015

Cody A. Kreuer
Signature(s) of Plaintiff(s) Cody A. Kreuer

IX Statement of Claim

A Medical emergency room, I was placed into Fpod. I filled out an inmate request medical form for all my medical complaints on 1/26/15 to date 2/25/15 I still have not seen a doctor. On 1/28/15 I filled out an inmate request to talk to Ralph Robison about filing charges of assault on the (3) inmates who beat me up (Because they thought I had tabbacco to smoke And I did not) Laclede county jail allows no tabbacco.

I filled out a sheriffs Department Offence report and with a promise from (Ralph Robison-Jail Caption) that I would be called to take pictures of my eye and bruises, I was sent back to Fpod. To date 2/25/15 I have not had any further disecussions with Ralph, The Sheriff, Wayne Merritt And no pictures have been taken.... My vision is still Blorred And my black eye has weat away....

The Bruising on my back an ribs etc.... Has also disapeared my ribs still hurt and my back is still in bad pain.

On 1/29/15 I filled out my 2nd medical request. To date 2/25/15 I still have not seen a doctor.

On 2/5/15 Ive still not seen doctor and filled out my 3rd medical form

IX Statement of Claim A

Medical request still have no one for my
Complained of Attack injuries of 1/26/15 and
today's date is 2/25/15

IX Legal theory B

B. Defendant Danny Rhoads has contracted with
Advanced Correctional Healthcare to provide our
medical needs. They are negligent in there
methods and have a total disregard to our
medical need because injured for over 40 days
and I have asked for help and have seen
no one. Defendant Rhoads by not checking on the
service of (Advance) Acts with neglect and
disregard while under color of law within his
official capacity and in his individual capacity
resulting in: cruel and unusual punishment to me
as I am promised By the 8th Amendment of the
U.S. Constitution, Not to happen

Defendant Wayne Merritt by not checking on the medical need of an inmate within his custody of (plaintiff) for over 40 days and allowing his jail captian Ralph Robison to act in his behalf has under color of law in his official capacity and in his individual capacity caused the infliction of cruel and unusual punishment upon defendant as promised not to happen by the U.S constitution amendants 8.... And has also violated the plaintiff's U.S. Constitutional Rights of Denial of Due process and equal protection of the law by wilfully under color of law in his official capacity and in his individual capacity by not allowing plaintiff to file an offence report to be passed on to the prosecutors office for the possible filing of charges against those who assaulted him....

IX legal theory D

IX Legal theory

Defendant Ralph Robinson (Jail Captain) Laclede county jail has wilfully while acting under color of law in his official Capacity and individual Capacity has subjected the plaintiff to cruel and unusual punishment by not insuring that he received proper medical care and has also denied plaintiff equal protection of the law and also denied him Due process by not allowing him to fill out an offense report to the prosecutor for the Assault upon him by (3) three other jail inmates who caused permanent injuries of his (left) eye and ribs and back pain and for defendants wilful neglect to not take any pictures of such injuries (after personally seeing them) and discussing such assault.....

Lois A. Hoover #1266233

240 N Adams

Bellevue Mo. 65536

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CLERK, U.S. DIST. COURT
WEST DIST. OF MO
KANSAS CITY, MO.

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U.S. Office
United States District Court
Western District of Missouri

1400 U.S. Courthouse

222 John A. Hammond Bldg

Springfield, Mo.
65806

